

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000116738**1. Entity Name
ALPHAZULU, INC.

Principal Place of Business

3300 UNIVERSITY BLVD

WINTER PARK

32792

FL

Mailing Address

3300 UNIVERSITY BLVD

WINTER PARK

32792

FL

2. Principal Place of Business

601 SW SECOND AVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 2050

Suite, Apt. #, etc.

City & State

PORTLAND

OR

City & State

Zip

97204

Country

Zip

Country

4. FEI Number

59-3691088

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEEKIN JAMES FJR
215 NORTH EOLA DRIVE

ORLANDO

FL

32801

7. Name and Address of New Registered Agent

Name

HEEKIN JAMES FJR

Street Address (P.O. Box Number is Not Acceptable)

215 NORTH EOLA DRIVE

City

ORLANDO

FL

Zip Code
32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **JAMES F. HEEKIN, JR.****04/10/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PHELPS JON D
STREET ADDRESS 3300 UNIVERSITY BLVD
CITY-ST-ZIP WINTER PARK FL 32792TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MGRM ☒ Change ☐ Addition
NAME PHELPS JON D
STREET ADDRESS 3300 UNIVERSITY BLVD
CITY-ST-ZIP WINTER PARK FL 32792TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jon D. Phelps

MGRM 04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)